

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM: C/LSD/OL
3E14
Headquarters

EXTENSION

NO.

DATE

25X1

TO: (Officer designation, room number, and building)	DATE		OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)
	RECEIVED	FORWARDED		
1.				1. The attached FPMR concerning the Federal Ridesharing Program, dated 14 October 1981, was recently received. Please note the reporting requirements under Paragraph 9 (page 4).
2.				
3.				
4.				2. LSD is coordinating the Agency Ridesharing Program and is in need of data from your facility/office. Please complete and appropriately classify, if necessary, one copy of the attached Form 3261, Federal Ridesharing Report and return to C/LSD, 3E14 Headquarters Building, prior to 6 March 1981. The Plans and Programs Staff, OL, will consolidate all data from the individual facilities and forward to CSA a combined Agency report which will not identify any population figures at specific installations.
5.				
6.				
7.				
8.				
9.				
10.				3. Questions concerning this request should be made to the undersigned, extension <input type="text"/>
11.				<input type="text"/>
12.				
13.				
14.				
15.				